



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 1074

<b>SERIAL NUMBER</b> 09/459,385	<b>FILING DATE</b> 12/02/1999 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 10390-0002-2
<b>APPLICANTS</b> STUART D. EDWARDS, LOS ALTOS, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/364,203 07/30/1999 which is a CON of 08/623,652 03/29/1996 PAT 5,935,123 which is a CON of 08/295,166 08/24/1994 PAT 5,599,345 which is a CIP of 08/148,439 11/08/1993 PAT 5,458,597				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/14/2000 <i>SMALL ENTITY</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 1
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> JACQUELINE F. MAHONEY PERKINS COIE LLP P.O. BOX 2168 MENLO PARK, CA 94026				
<b>TITLE</b> RF TREATMENT APPARATUS				
<b>FILING FEE RECEIVED</b> 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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09/459,385	12/02/99	606	3739	10390-0002-2

APPLICANT  
STUART D. EDWARDS, LOS ALTOS, CA; ~~JAMES BAKER, PALO ALTO, CA; BRUNO STRUL, PALO ALTO, CA; RONALD G. LAX, GRASS VALLEY, CA.~~

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CON OF 09/364,203 07/30/99  
 WHICH IS A CON OF 08/623,652 03/29/96 PAT 5,935,123  
 WHICH IS A CON OF 08/295,166 08/24/94 PAT 5,599,345  
 WHICH IS A CIP OF 08/148,439 11/08/93 PAT 5,458,597

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/14/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS  
OBLON SPIVAK MCCLELLAND MAIER &  
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ARLINGTON VA 22202

TITLE  
RF TREATMENT APPARATUS

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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